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\*\* CONTINUING DATA \*\*\*\*\* *Note*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Note*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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|   |                        |                      |                    |                         |
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| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>AZ | Sheets Drawing<br>26 | Total Claims<br>26 | Independent Claims<br>2 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met | Allowance              |                      |                    |                         |
| Verified and<br>Acknowledged<br><i>Dale R. Libaugh NBC</i><br>Examiner's Signature  | Initials               |                      |                    |                         |

ADDRESS  
021261

## TITLE

Health care provider information system

|                               |   |  |
|-------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>489 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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